

FIG. 2

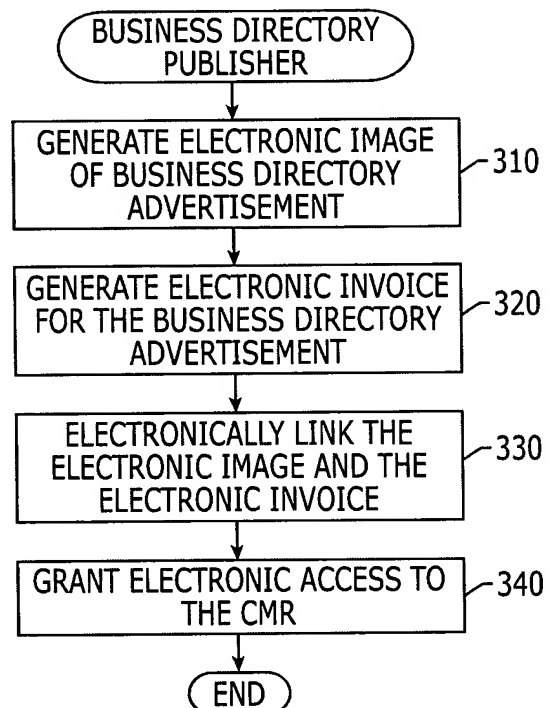
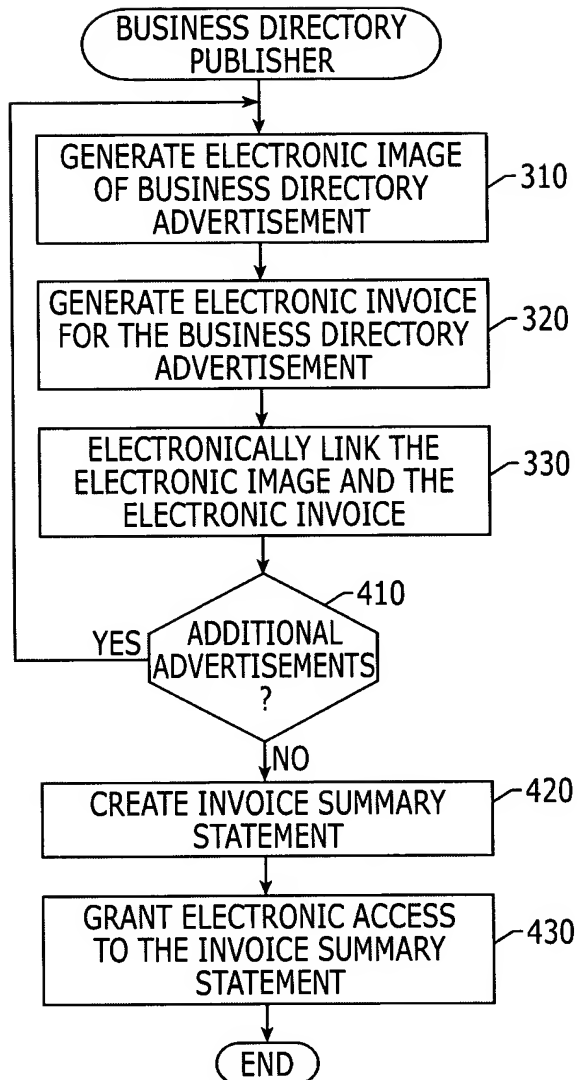
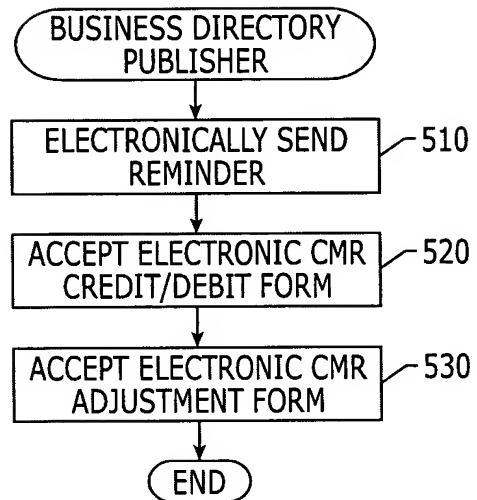
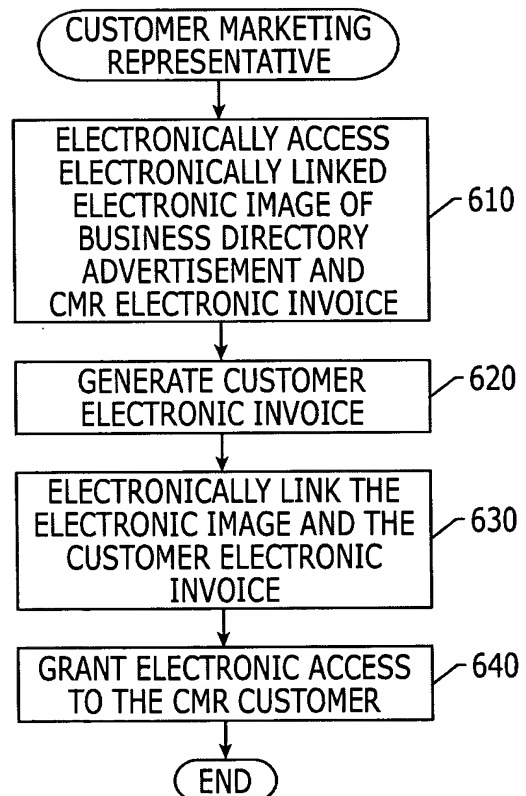
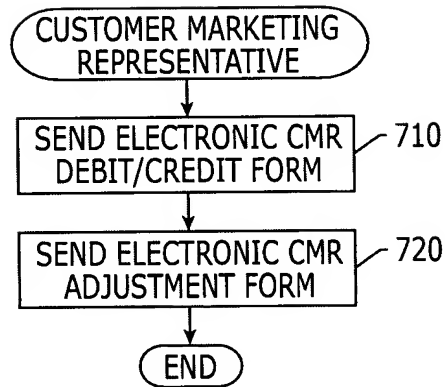
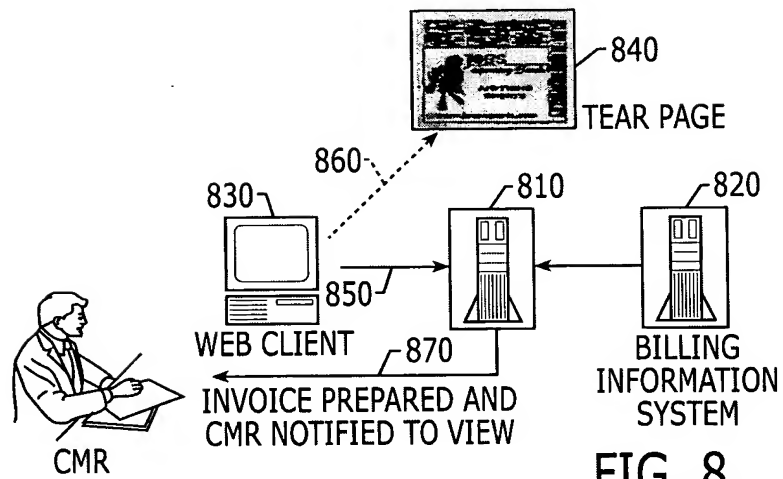


FIG. 3

FIG. 4FIG. 5FIG. 6

FIG. 7FIG. 8

BELLSOUTH

Home > My Advertising > **Bill Billing** > Invoice Summary Statement

> Your Account:
 CMR9991
 Wealthy Test

> Available for Advertising:

> Quick links:
 > [1550 Form](#)
 > [1550 Form](#)
 > [CMR9991](#)

Invoice Summary Statement

Below is your Invoice Summary Statement for Bill Number 0303R9991101904.

Please print this page and return with payment. Payment is due within 45 days of the bill date. You may also want to print a copy of this page for your records.

- To View: select the "View" link next to the line item you wish to view. You will then be able to view the Invoice Detail and the Tear Pages associated with each invoice item.
- To Sort: sort by any column by clicking any of the column heading links. Click this icon (V) or (A) in the headers below to reverse the sort order.
- To Print: choose the print option that you would like from the Available Print Options drop down. The default print option is "Print Entire Package" including the ISS, Client Invoices and Tear Pages. If you wish to print the ISS only or ISS and Client Invoices (without Tear Pages), select one of the other options under Available Print Options. Then, click the "submit print request" button.
- To Download: click the "download ISS" button.

If you have questions or comments concerning any of your Invoice Summary Statements, Client Invoices or tear pages, please [email us](#) or call 1-800-362-5256 or 678-406-3276.

Important Note: You will need Adobe Acrobat Reader® to print. If you do not have Adobe Acrobat Reader®, [click here to download it here.](#)

Available Print Options:

Print Entire Package | Submit print request | Download selected ISS | Return to My Billing

CMR Code: 9991 **Print Status: Printed**

Bill Date	Bill Number	Publisher Code	Directory Number	Issue	Life
03/01/03	0303R9991101904	0013	101904 Shreveport-RTP To Go	02/2003	12000

To:
 ABC, INC.
 P.O. BOX 9999
 ABC, INC.
 P.O. BOX 9999
 DAYTON, OH 45401-0000

Remit Payment to:
 BellSouth Advertising & Publishing Corp.
 2247 Northlake Parkway
 BellSouth Advertising & Publishing Corp.
 2247 Northlake Parkway
 5th Floor, Room 3
 Tucker, GA 30084

Client Invoices

Client No.	Gross Amount	Adjustment Amount	Tax %	Tax Amount	Commission %	Commission Amount	Net Amount
1800	\$264.00	\$0.00	0%	\$0.00	21%	\$55.44	\$208.56
Total:	\$264.00	\$0.00		\$0.00		\$55.44	\$208.56

Amount Due: \$208.56

Available Print Options:

Print Entire Package | Submit print request | Download selected ISS | Return to My Billing

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FIG. 9

[Search](#)
[Contact Us](#)

[Home](#) > [My Advertising](#) > [MYR Billing](#) > [Invoice Summary Statement](#) > [CMR Client Invoice Detail](#)

[Your Account:](#)
 CMR9991
 Wealthy Text
[Manage Your Advertiser](#)

[Quick Links](#)
[Add Entry](#)
[View Entry](#)
[CMS Workflow](#)
[Status](#)

Client Invoice Detail

Below is the Client Invoice you selected from your Invoice Summary Statement (Bill Number 020R9991101904).

- To View: select the "View Tear Page" link to view the page associated with an invoice item (this will open a new browser window).
- To Print: choose the print option that you would like from the Available Print Options drop down. The default print options are "Print Invoice and Tear Pages". If you wish to print the Invoice only or the Tear Pages only, select one of these options under Available Print Options. Then, click the "submit print request" button.

If you have questions or comments concerning any of your Invoice Summary Statements, Client Invoices or tear pages, please [contact us](#) or call 1-800-392-5356 or 678-406-3276.

Important Note: You will need Adobe Acrobat Reader® to print. If you do not have Adobe Acrobat Reader®, [click here](#) to download it.

Client Invoice Information

Available Print Options:
[Print Invoice and Tear Pages](#) | [submit print request](#) | [return to ISS](#)

Invoice Date	Order Date	Pub Code	Directory Number	State	Directory Name	Issue Date	Life	CMR Code	Client Number	NAT
01/20/03	00/14/02	0913	101904	LA	Shreveport-RYP To Go	02/2003	1200R	9991	3000	A

Client Name: WEALTHY GLASS

Invoice Items

Tear Page	Item	SA	Gross Amount	Adj	Adjustment	Advertising Data	Failed to Appear
N/A			\$0.00			\$0.00 CLASS-AUTOMOBILE, PLATE, WINDOW, ETC.	
View	BUNY		\$264.00	N		\$0.00 WEALTHY AUTO GLASS	
View	BUNY		\$264.00	N		\$0.00 WEALTHY AUTO GLASS	
N/A			\$0.00			\$0.00	
N/A			\$0.00			\$0.00 800 800-3727	

Invoice Amounts

Total Gross Amount	Total Adjustments	Net Amount	Tax	Total Amount
\$264.00	\$0.00	\$264.00	\$0.00	\$264.00

* Note: Net Amount equals Total Gross Amount minus Total Adjustments.

Available Print Options:
[Print Invoice and Tear Pages](#) | [submit print request](#) | [return to ISS](#)

[back to top](#)

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FIG. 10

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Get an idea online at realpages.com
Acupuncturists-Adoption 7

Acupuncturists (Cont'd)

BUNNELL-FLAGLER
Acupuncture & Pain Management Center
1146 Palm Coast Pkwy SW 445-5848

KEAT SCOTT & ACUPUNCTURE
PHYSICIAN
5 Florida Pkwy Dr North Palm Bch 445-8003

Adjusters

DAYTONA BEACH

A ADJUSTING COMPANY-PUBLIC CHARLES B
TOWLER & ASSOC INC
30 YEARS COVERED EXPERIENCE
PUBLIC ADJUSTERS
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FEDERAL LICENSES
CERTIFIED EXPERTS
U.S. Federal & Florida Courts
Representing The Policy Holder
24 Hour Service
Auto & Fire Claims, All Public Adjusters
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www.adjusters.com
Toll-free: 800-321-6488

Public Adjusters For The Policyholder
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Mex Varol P. A.
788-8877
890-963-8180

Adoption Services

REALPAGES.COM

Visit these businesses online!

Children's Home Society of Florida

DAYTONA BEACH

A CHARGE CARD for Day Bch 254-1307
(Phone See Our Display Ad Next Page)

A FOUNDATION FOR CHILDREN
ADOPTION AGENCY INC
Toll Free-Chat '1' & This 800-817-7018
(Continued Next Column)

DAYTONA BEACH (CONT'D)

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• No Surgery
• Available With Medical & Legal Expenses
• Free Expenses
A Kidney Transplant Agency
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Toll Free-Chat '1' & This 888-343-3788

Adoption Services

ADOPTIONS
EXPERIENCED DAYTONA BEACH AGENCY
HANDLING PRIVATE ADOPTIONS • 254-1307
Visit Our Website: www.kidneyadoption.com
See & Visit One At Day Bch 855-0939

CHILDREN'S HOME SOCIETY OF FLORIDA
Children's Home Society
3000 S. EDGEWOOD AVENUE
DAYTONA 254-7898
(Phone See Our Display Ad Next Page)

FAMILY SUPPORT CENTER OF FLORIDA THE
ADOPTION HOME STUDIES
Competitive Prices
Expedited Studies Available
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ANGELA QUICK, MPA
780-6804

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A GOOD TURN FOR THE ENVIRONMENT

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Sports Injuries • Auto Accidents • Insomnia • Sinusitis
Internal & Gynecological Problems • Asthma • Allergies
Quit Smoking • Weight Control

Dr. Hu is a Graduate of Shanghai University of Traditional Chinese Medicine, China with over 20 years of experience using needle and acupressure electrical acupuncture and Chinese herbal medicine to treat chronic and difficult cases.

FREE CONSULTATION • **626-760-2112** • **626-445-6848**
2135 S. Edgewood Ave. 1040B Palm Coast Pkwy

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1280 W. Granada Blvd., Ormond Beach, FL 32174
Suite #6

Free Consultations

Chang-Shen Wang, A.P., M.A., P.T.
Acupuncture Physician & Physical Therapist
(386) 615-4800

PATRICIA J. O'GWYNN, A.P.

Coastal Acupuncture Clinic Inc.
Free Consultation / Most Insurance Accepted
Specializing In All Chronic Health Problems
Arthritis, Back, Shoulder, Knee, Hip Pain, Gynecology,
Quit Smoking, Insomnia, Migraines, Stress, And More

7 Years Local Practice
4514-B S. Ridgewood Ave.,
Port Orange 386-788-6300


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A Good Turn For The Environment

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A GOOD TURN FOR THE ENVIRONMENT.™

FIG. 11

[Home](#) > [My Advertisements](#) > [MYPS Billing](#) > [Invoice Summary Statement](#) > [CMP Client Invoice Detail](#) > [1080 Form](#)

> Your Account:
CNR9991
Weekly Test.

Non-Negotiated CMR Credit/Debit Memo

Please fill out the information below and submit your 1080 form by clicking on the "Submit 1080 Form" button at the bottom of the form.

All Information

Please specify the address below. * indicates required field

* Company Name: [REDACTED]

BdJ No. in Error: 0303R9991101904

* Address: [REDACTED]

Date of Bill No.: 03/01/03.

Address Z:

CMA Code: 9991

* **Ote:**

BA File Adjusted: 0303R999110195

* State: **AL**

* Date of DFI No. Adjusted: 03/01/03

* Zip Code:

2 Adjustment Information

Directory Number: 101004

Issue Date: 02/2003

Client No.	Description	Overbilled Credit	Underbilled Credit	(+)(-) Tax	(+)(-) Comm	Reason No.
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
[Box]	[Box]	\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]
Totals:		\$ [Box]	\$ [Box]	\$ [Box]	\$ [Box]	[Box]

Explanation of Reason Codes

Explanation of Reason Codes

Grand Total Adjustments : \$

3 Contact Information

Refer Questions to:

* Name:

* Telephone:

Title:

* Email:

4 Submit 1080 Form

To submit your 1080 Form, click the button below.

submit 3:30-4:00

 [Back to Top](#)

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FIG. 12

BELLSOUTH Search Navigation Back to BellSouth.com

Home > My Advertising > BPP Billing > Invoice Business Statement > CMR Client Invoice Detail > 1090 Form

> Your Account:
 CHR9991
 Wealthy Test1
 > Manage Your Account

> Quick Links:
 > 1090 Form
 > 1090 Form
 > CMR Client Invoice

BAPCO 1090 Request Form for Adjustments

Please fill out the information below and submit your 1090 form by clicking on the "Submit 1090 Form" button at the bottom of the form.

1 CMR Information

Please specify the address below. * indicates required field

Date Request Sent: 06/30/2003 CMR Number: 9991
 Directory Code: 101904 * CMR Name: ABC, INC.
 Directory Name: Shreveport-RTP To Go * CMR Contact Name: Wealthy Test1
 Directory Issue Date: 02/2003 * Email Address:
 NTP's Class Date: 10/23/2002 * Telephone: 6784057300
 * Client Number: 3880 Bill No. in Error: 0303R9991101904
 * Client Name: WEALTHY GLASS W * Bill No. Adjusted: 0303R9991101904
 * FAX:
 Back up provided via (check one): ☐ Fax ☐ Mail
 Fax: 6784057300
 Address: Customer Service
 2245 Northlake Pkwy
 Suite 320 South
 Tucker, GA 30004

2 Description of Request

Please specify the address below. You may enter up to 10 items in the Item field, separated by commas (example: 123, 456, 789).
 * indicates required field

* Heading:
 * Item(s):

2 Description of Request

Please specify the address below. You may enter up to 10 items in the Item field, separated by commas (example: 123, 456, 789).
 * indicates required field

* Heading:
 * Item(s):

* Advertising Appeared As:
 * Advertising Should Have Appeared As:
 Additional Information:

3 Submit 1090 Form

To submit your 1090 Form, click the button below.

Submit 1090 Form

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 Local Services and Business Services

FIG. 13

BELLSOUTH

REPORT > BAPCO > Billing > NYPS Billing & Tear Pages

> Your Account: KABC012
Wealthy Employee Desai

NYPS Billing & Tear Pages

This page provides access to NYPS billing and CMR invoices.

Process Billing Reports and CMR Invoices

This section allows you to view a CHR's Invoice Summary Statements, Invoices, and Tear Pages. You may also query and work the following reports:

Delivery Reject Report - list of NYPS Billing Packages that experienced e-mail notification delivery rejects.
Activity Report - list of NYPS Billing Packages with associated delivery and customer access services.

* Important Note: To view this information, you must specify search criteria. Enter either a State and Directory, or a CMR Code, or both. If you do not specify either a Directory within a State, or a CMR Code Number then no results will be returned for your query.

1 Specify a Directory

To specify a Directory, first select a State, then choose a Directory within that State. If you do not wish to specify a State and Directory, then you must enter a CMR Code for your query to return results.

Directory State:

Directory:

2 Specify CMR Code

You may specify any or all of the following additional criteria (this is optional).

CMR Criteria:

3 Submit Your Report Query

This section allows you to view a CHR's Invoice Summary Statements, Invoices, and Tear Pages. You may also query and work the following reports:

Delivery Reject Report - list of NYPS Billing Packages that experienced e-mail notification delivery rejects.
Activity Report - list of NYPS Billing Packages with associated delivery and customer access services.

* Important Note: To view this information, you must specify search criteria. Enter either a State and Directory, or a CMR Code, or both. If you do not specify either a Directory within a State, or a CMR Code Number then no results will be returned for your query.

1 Specify a Directory

To specify a Directory, first select a State, then choose a Directory within that State. If you do not wish to specify a State and Directory, then you must enter a CMR Code for your query to return results.

Directory State:

Directory:

2 Specify CMR Code

You may specify any or all of the following additional criteria (this is optional).

CMR Criteria:

3 Submit Your Report Query

To submit your query, click the appropriate button below.

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FIG. 14